24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BELIEVE AGAIN	C C00571711
	<u> </u>
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee ONMESSAGE, INC	Date of Public Distribution/Dissemination
, in the second	09 18 2015
Mailing Address 705 MELVIN AVE # 105	Amount
City State Zip Code	6962.50
ANNAPOLIS MD 21401	Transaction ID: 1 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
Bobby Jindal Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rrsement For:
Full Name of Payee ONMESSAGE, INC	Date of Public Distribution/Dissemination
	09 18 2015
Mailing Address 705 MELVIN AVE # 105	Amount
City State Zip Code	1150.00
ANNAPOLIS MD 21401	Transaction ID: 2 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/	M = M / D = D / Y = Y = Y
Type	09 18 2015
	e Sought: House District:
Bobby Jindal Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	8112.50
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
ROBERT YARBOROUGH [Electronically Filed] Date	9 20 2015
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼	
BELIEVE AGAIN	C00571711	
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y	
ONMESSAGE, INC	blic Distribution/Dissemination	
Mailing Address 705 MELVIN AVE # 105 Amount	19 2015	
City State Zip Code	50048.00	
ANNAPOLIS MD 21401 Transactio		
Purpose of Expenditure MEDIA Category/ Type Type	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office Sought:	House District:	
Bobby Jindal Oppose President	Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016 Other	:	
Full Name of Payee Date of Pu	blic Distribution/Dissemination	
Mailing Address Amount		
City State Zip Code	, ,	
Purpose of Expenditure Category/ Type Date of Dis	sbursement or Obligation	
Name of Federal Candidate Support Office Sought: Oppose President	House District:	
Calendar Year-To-Date Per Election for Office Sought		
(a) SUBTOTAL of Itemized Independent Expenditures	50048.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7	
(c) TOTAL Independent Expenditures	58160.50	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
ROBERT YARBOROUGH [Electronically Filed] Date 09 20		